

SECTION B***DETAILS OF LIFE ASSURED (LA)**

Name of Life Assured: Mr. Ms. F I R S T L A S T

Father's Name: F I R S T L A S T

LA's PAN

Date of death: D D M M Y Y Age at death: Y Y M M Time of death: H H : M M : S S

Place of death: Location: Hospital work place Home Others S P E C I F Y

Place of death address F I R S T L A S T F L A T N O.
 B U I L D I N G R O A D N A M E / N O.
 C I T Y / V I L L A G E
 D I S T R I C T S T A T E

Pincode:

If death outside India, body transfer permission/ Certification from Consulate : Available Not available

If Not Available, Why?

Whether burial or cremation certificate enclosed/attached accordingly? : Yes No

If Not Available, Why?

Place of burial/crematorium address F I R S T L A S T F L A T N O.
 B U I L D I N G R O A D N A M E / N O.
 C I T Y / V I L L A G E
 D I S T R I C T S T A T E

Pincode:

Nature of death: Medical Accident Murder Suicide

Immediate cause of death:

Circumstances surrounding death:

Name and contact details of relative present at time of death/cremation/burial:

1st Name: F I R S T L A S T

Contact details: O F F I C E M O B I L E

2nd Name: F I R S T L A S T

Contact details: O F F I C E M O B I L E

EMPLOYMENT DETAILS OF LIFE ASSURED

Occupation details: Service Business Self-Employed House wife Others: S P E C I F Y

Monthly income (INR) Up to 20,000 20,001-50,000 50,001-1,00,000 >1,00,000

Name of Employer:

Work place/employment/business address F I R S T L A S T F L A T N O.
 B U I L D I N G R O A D N A M E / N O.
 L A N D M A R K
 C I T Y / V I L L A G E
 D I S T R I C T S T A T E

Pincode:

Last working location/ employment/business:

Contact details of the Employer: N A M E M O B I L E

Last Working day: D D M M Y Y Y Y

SIGN HERE

Claimant Signature

